

## Internship Application

Full Name: \_\_\_\_\_

Social Security: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

School Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Which office(s) would you prefer to intern?

( ) District Office   ( ) Washington, D.C.   ( ) Either

Dates available to participate in internship program (please be specific): \_\_\_\_\_

College or University: \_\_\_\_\_

Current Year: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Are you planning to get academic credit for this program? \_\_\_\_\_

If YES, number of course credits you anticipate: \_\_\_\_\_

Name and Phone of Program Coordinator: \_\_\_\_\_

Please include a copy of course requirements/expectations.

Briefly explain why you would like to intern for Congressman John Sullivan.

Please attach a resume, a recent transcript, and at least one letter of recommendation. Return completed form and attachments to:

**Internships for Congressman Sullivan**  
**114 Cannon House Office Building**  
**Washington, D.C. 20515**